


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000031371
 1. Entity Name
GERALD OGDEN RESIDENTIAL CONTRACTOR, LLC



Principal Place of Business Mailing Address
115 CLEARWATER PLACE **115 CLEARWATER PLACE**
POLK CITY FL 33868 **POLK CITY FL 33868**
US **US**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E083 (10/05)
 4. FEI Number Applied For
65-1225081 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
OGDEN, GERALD
115 CLEARWATER PLACE
POLK CITY FL 33868

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OGDEN, GERALD <input type="checkbox"/> Delete 115 CLEARWATER PLACE POLK CITY FL 33868
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OGDEN, JAMES <input type="checkbox"/> Delete 115 CLEARWATER PLACE POLK CITY FL 33868
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add U00000515953 04/29/06-80232-005 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Gerald Ogden **Gerald Ogden** 4-15-06 863-984-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #